

QUEST EXPEDITIONS, INC.

PARENT/GUARDIAN PERMISSION AND WAIVER AND RELEASE OF LIABILITY FORM

This form to be used for minors (17 years old and under) only.

I hereby grant permission for my child _____ to participate in whitewater rafting, biking, kayaking, camping, canoeing, bus transportation, van transportation or other conveyance at and off the premises of Quest Expeditions, Inc. on (date) _____, and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child’s use of rafting, biking, kayaking, camping or canoeing equipment and my child’s participation in rafting, biking, kayaking, camping or canoeing activities and in loading and unloading onto and being transported to recreational sites by bus or van; (b) my child’s participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property; (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment and in transportation to and from recreational activity sites; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substances, and will not carry, use, or consume these substances before or during his/her scheduled activities.

My child is in good health and is at or above the minimum age stated in Quest Expeditions, Inc. advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I, on behalf of my child, myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Quest Expeditions, Inc., the U.S. Forest Service, the Tennessee Valley Authority, the United States Government, the State of Tennessee, the Southeast Local Development Corporation and their owners, agents, officers, guides and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of or in any way connected from my child’s use of whitewater rafting equipment, and/or my child’s use of the whitewater recreation area of the Ocoee River or participation in whitewater rafting activities incidental thereto and bus or van transportation to and from sites for participation in these recreational activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I or my child may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Quest Expeditions, Inc., the U.S. Forest Service, the Tennessee Valley Authority, the United States Government, the State of Tennessee and the Local Southeast Development Corporation.

I permit the use of any photos, slides, films or sketches of him/her taken during the day’s activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN QUEST EXPEDITIONS, INC. RAFTING, BIKING, KAYAKING, CAMPING, OR CANOEING ACTIVITIES AND TRANSPORTATION TO AND FROM PLACES FOR SUCH ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable): _____

Mother’s Name (print): _____ Signature _____

Father’s Name (print): _____ Signature _____

Street and Apt. Address: _____

City: _____ State: _____ Zip: _____

Child’s Name: _____ Age: _____ Trip Date: _____

Child’s Signature: _____

Does your child have any medical conditions we should be aware of? Yes ___ No ___ If so explain: _____

DO NOT LOSE - PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER